

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000102752	
1. Entity Name SERVART, CORP.	

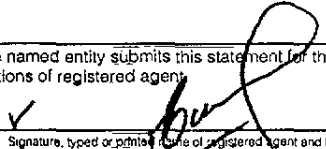
Principal Place of Business 5511 W 22ND CT HIALEAH, FL 33016	Mailing Address 5511 W 22ND CT HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE

	
04202005 No Chg-P	CR2E034 (10/03)
4. FEI Number 13-4264555	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MENA, EDUARDO W 5511 W 22ND CT HIALEAH, FL 33016

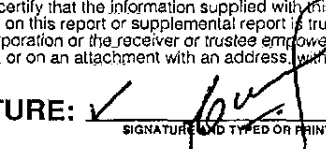
DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	EDUARDO W. MENA	4/20/05
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent Signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	UN00000326727 04/25/05-80009-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENA, EDUARDO W 5511 W 22ND CT HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALMEIDA, AMPARO S 5511 W 22ND CT HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENA, DIANA L 5511 W 22ND CT HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENA, MARTHA 5511 W 22ND CT HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 	EDUARDO W. MENA	4/20/05 305-456-0542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #